

JUDICIAL MERIT SELECTION COMMISSION

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In the Matter of:

Candidate for

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**WITNESS AFFIDAVIT
FORM**

I will appear to testify concerning the qualifications of the above-named candidate and will produce all documents in my possession, if any, which will further develop or corroborate my testimony.

I understand that this written statement must be completed and returned to the Judicial Merit Selection Commission at least five (5) days prior to the hearing at which I wish to testify in order for the commission to hear my testimony and that the deadline for complaints is

In regard to my intended testimony, I will offer information as to the following:

- (1) Set forth your full name, age, address, and both home and work telephone numbers.

- (2) Set forth the names, addresses, and telephone numbers (if known) of other persons who have knowledge of the facts concerning your testimony.

- (3) State the nature of your testimony regarding the qualifications of the above-named judicial candidate, including:
- (a) specific facts relating to the candidate's character, competency, or ethics, including any and all allegations of wrongdoing or misconduct on the part of the candidate;
 - (b) specific dates, places, and times at which or during which such allegations took place;
 - (c) names of any persons present during such alleged actions or possessing evidence of such alleged actions; and
 - (d) how this information relates to the qualifications of the judicial candidate.

(4) Set forth a list of and provide a copy of any and all documents to be produced at the hearing which relate to your testimony regarding the qualifications of the judicial candidate.

(5) State any other facts you feel are pertinent to the screening of this judicial candidate.

I understand that the information I have provided herein is confidential and is not to be disclosed to anyone except the Judicial Merit Selection Commission, the candidate and counsel.

WAIVER

I further understand that my testimony before the Judicial Merit Selection Commission may require the disclosure of information that would otherwise be protected by the attorney-client privilege. Therefore, in order that my complaint may be fully investigated by the commission,

I hereby waive any right that I may have to raise the attorney-client privilege as that privilege may relate to the subject of my complaint. I further understand that by waiving the attorney-client privilege for this matter, I am authorizing the commission to question other parties, including my attorney, concerning the facts and issues of my case.

Signature

Sworn to me this ____ day of _____, 2009

Notary Public of South Carolina L.S.

My commission expires: _____